# Wisconsin Department of Regulation & Licensing P.O. Box 8935 Madison, WI 53708-8935 Madison, WI 53708-8935 Madison, WI 53703

(608) 267-1809 **(608) 266-2112** FAX #: Phone #:

E-Mail: web@drl.state.wi.us

Website: http://www.drl.state.wi.us

### BARBERING AND COSMETOLOGY EXAMINING BOARD TRANSLATOR REQUEST FORM

Please mail the completed form to Continental Testing Services with your application for examination.		
CANDIDATE INFORMATION		
<u>Profession</u>	Social Security #:	
<ul> <li>B/C Practitioner</li> <li>Manicurist</li> <li>Manager</li> <li>Aesthetician</li> </ul>	Candidate Name	
<ul> <li>Electrologist</li> </ul>	Candidate Address	
	City, State, Zip Code	
	Telephone Number	
TRANSLATOR INFORMATION		
Social Security #: Date of Birth:		
Name of Translator	Occupation	
Address	City, State, Zip Code	
Telephone Number		
Previous Work as a Translator:		
Agency or Organization:		
Address:		
Telephone Number:		
Purpose of Translations:		
Language for translation from English		

#2738 (4/06) Ch. 454, Stats.

#### Wisconsin Department of Regulation & Licensing

## REQUIREMENTS FOR TRANSLATORS FOR BARBERING AND COSMETOLOGY EXAMINATIONS

- 1. The translator may not be a licensee in any barbering and cosmetology profession (barbering and cosmetology practitioner, manager, manicurist, aesthetician or electrologist). No translator may work more than 3 examinations in any calendar year.
- 2. The translator must be currently employed, or have previous employment experience in providing translation services for other government or community agencies, such as courts, state agencies, or private agencies providing translation services, and have left that employment in good standing.
- 3. The translator must complete and sign the Test Translator Agreement (below), which must be submitted along with the Translator Request Form to Continental Testing Services along with the application for the examination. All completed requests (this form) must be received by Continental Testing Services at least 3 weeks prior to the scheduled exam. It is advisable to submit this form 4 to 6 weeks in advance of the exam to ensure timely review and approval by Continental Testing Services.

#### **TEST TRANSLATOR AGREEMENT**

I certify by my signature below that I am the translator indicated on the opposite side of this page. I further certify that I understand the secure and confidential nature of this examination, and will not reveal the contents of this examination to anyone. I hereby affirm that I will abide by the rules of this examination as indicated below.

- 1. The translator will translate the questions word for word from English to the language agreed upon above.
- 2. The translator will not discuss questions with the candidate, define words, or help the candidate choose an answer in any way.
- 3. The translator may repeat the translation for a question, if requested by the candidate. No further explanation or clarification of the question is allowed.
- 4. Candidates may not ask questions or talk to the translator or other candidates during the examination. The candidate may say only "please repeat" or "next question".
- 5. The candidate's performance on the examination is the sole responsibility of the candidate.
- 6. Examination questions and content are confidential. The translator agrees not to discuss examination questions with anyone during or after the examination.
- 7. I understand that my translation of the exam will be tape recorded.

Translator Signature:	Date: